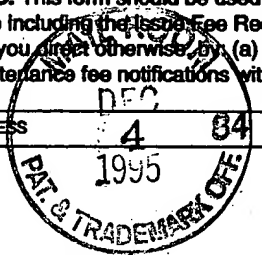


**PART B—ISSUE FEE TRANSMITTAL**

**MAILING INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE. Blocks 2 through 6 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to addressee entered in Block 1 unless you direct otherwise, by: (a) specifying a new correspondence address in Block 3 below; or (b) providing the PTO with a separate 'FEE ADDRESS' for maintenance fee notifications with the payment of Issue Fee or thereafter. See reverse for Certificate of Mailing.



1. CORRESPONDENCE ADDRESS

CROSBY HEAFEY ROACH AND MAY  
1999 HARRISON STREET  
OAKLAND CA 94612

33M1/0901

M

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

INVENTOR'S NAME

Street Address

City, State and ZIP Code

CO-INVENTOR'S NAME

Street Address

City, State and ZIP Code

☐ Check if additional changes are on reverse side

SERIES CODE/SERIAL NO.

FILING DATE

TOTAL CLAIMS

EXAMINER AND GROUP ART UNIT

DATE MAILED

08/250,785

05/27/94

023

WILKENS, F

3306

09/01/95

First Named Applicant

BAGAOISAN,

CELSO S. J.

TITLE OF INVENTION

INTRAVASCULAR CATHETER WITH A REPLACEABLE SHAFT SECTION

ATTY'S DOCKET NO.

CLASS-SUBCLASS

BATCH NO.

APPLN. TYPE

SMALL ENTITY

FEE DUE

DATE DUE

3

18000.8481.0

604-096.000

077

UTILITY

NO

\$1210.00

12/01/95

3. Correspondence address change (Complete only if there is a change)

DE00372 12/29/95 08250785

03-382

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

Crosby, Heafey,  
1 Roach & May

2 \_\_\_\_\_

3 \_\_\_\_\_

120 142 40.00CH

DO NOT USE THIS SPACE

050 NH 12/21/95 08250785

050 NH 12/21/95 08250785

1 561 30.00 CK  
1-142 1,210.00 CK

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE

Advanced Cardiovascular Systems, Inc.

(2) ADDRESS: (CITY & STATE OR COUNTRY)

Santa Clara, California

6a. The following fees are enclosed:

☒ Issue Fee ☒ Advance Order - # of Copies 10

6b. The following fees should be charged to:

DEPOSIT ACCOUNT NUMBER 03-3821

(ENCLOSE PART C)

☐ Issue Fee ☐ Advance Order - # of Copies

☒ Any Deficiencies in Enclosed Fees

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

12/1/95

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

**TRANSMIT THIS FORM WITH FEE-CERTIFICATE OF MAILING ON REVERSE**

## Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE  
Commissioner of Patents and Trademarks  
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on December 1, 1995

(Date)

Rebecca M. Klits

(Name of person making deposit)

(Signature)

Rebecca M. Klits

(Date)

Dec. 1, 1995

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